

National Service Center  
Paralegal Specialist  
(703) 305-6421

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)				SERIAL NO.	FILING DATE		
				097529990	APPLICANT(S)		
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2	/						52
3	(C)						53
4	(C)						54
5	(C)						55
6	(C)						56
7	(C)						57
8	(C)						58
9	(C)						59
10	(C)						60
11	(C)						61
12	(C)						62
13	/						63
14	(C)						64
15	(C)						65
16	(C)						66
17							67
18							68
19							69
20							70
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41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	(C)						TOTAL IND.
TOTAL DEP.	(C)						TOTAL DEP.
TOTAL CLAIMS	(C)						TOTAL CLAIMS

BEST AVAILABLE COPY